

☐ Check here if new address

APPEAL FILED BY:

☐ Claimant ☐ Employer ☐ _____

Other (specify) _____

[illegible]

☐ Allowance of unemployment benefits effective (date) _____
☐ Denial of unemployment benefits effective (date) _____
☐ Relief of benefit cost charges.
☐ Other (explain) _____

Appellant's Signature _____ Date _____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Appellant's Signature